

THE following are the titles of some of the recently published articles on the Anatomy and Physiology of the Nervous System :

PAWLOW, On the Innervation of the Blood Routes, *Pflueger's Archiv*, XX., 4 and 5 Apr.—VINTSCHGAU, On the Physiology of the Sense of Taste, *Ibid.*—POOLLE, Effects of "Pithing" on the Vascular System, *N. Y. Med. Record*, Sept. 13.—LEWINSKI, On the Power Sense, *Virchow's Arch.*, XXVII., 134.—LUYS, Studies on the Duplication of Cerebral Operations, and on the Separate Rôle of each Hemisphere in Mental Pathology, *L'Union Med.* (cont. art.)—MARAGLIANO, Experimental and Clinical Researches on the Cerebral Temperature, *Rivista Clinica*, July and Aug.—TSCHIRIEW and DEWATTEVILLE, On the Electric Excitability of the Skin, *Brain*, July.—GALTON, Psychometric Experiments, *Ibid.*

b. — PATHOLOGY OF THE NERVOUS SYSTEM AND MIND ; AND PATHOLOGICAL ANATOMY.

TENDER SPINAL POINTS IN VISCERAL AFFECTIONS. — At a meeting of the Soc. de Biologie, June 28 (rep. in *Gaz. des Hôpitaux*), M. Vidal reported as the result of his observations that certain visceral affections are accompanied with pain in certain parts of the vertebral column, and that these sensitive points depend, as regards their situation, upon the organ affected. In ulcer and cancer of the stomach, pain is felt at the horizon of the sixth dorsal apophysis; in hepatic affections, at the fourth; and finally, in perityphlitis, especially if the inflammation affects the cellular tissue of the iliac fossa rather than the peritoneum, the pain is felt at the points of emergence of the two first left lumbar pairs.

M. Leven remarked that in stomach diseases the pains should be distinguished as to whether they were due to the pneumogastric or to the grand sympathetic. In the first case they coincided with the dyspnœa, the sensations of suffocation and palpitations, in the second they are more deeply situated, and are accompanied with vaso-motor disorders of the left arm and the corresponding half of the trunk.

M. Laborde disagreed with M. Vidal as to the existence of special visceral centres at definite horizons in the cord, corresponding to apophyseal tender points; he combated the interpretation of the facts, not the facts themselves.

LARYNGEAL CHOREA.—A most interesting article on this subject, by Prof. Schrötter, of Vienna, was published in the *Allg. Wien. Med. Zeitung*, No. 7, 1879. The affection, as described by Schrötter and others who had written on the subject previously, presents a very striking and complex group of symptoms, exceedingly annoying and trying, not only to the patient but to those around. The prominent symptom of the disease is a cough over which the patient has no control, and which is totally different from that observed in other affections of the air passages. The cough may be either

of a barking, howling (heuleuden) or crowing character. In certain cases of hysteria such a cough may occur, and it is occasionally simulated, but in many cases it cannot be traced to either of these causes. Bell observed, in a girl fifteen years old, a convulsive, barking cough, which occurred ten times per minute, and disappeared during sleep. It did not lead to any disease of the larynx. The disease lasted four weeks, and relapsed three times.

Romberg describes, under convulsive affections of the "nerves of voice," an abnormal tone of voice, which he thought was due to an "hysterical or epileptic condition." He reports the case of a young woman nineteen years old, who made a sound "like a saw-mill," and so loud that it could be heard on the steps outside the house. He also mentions the case of a physician, sixty years old, who, in consequence of a complicated nervous affection, had occasional attacks of loud bellowing coughing. A singular feature in this case was, that soothing influences, and especially music, had the power of preventing the paroxysms and lessening their violence.

Mandl described similar affections. More recently Türk describes similar cases under the head of "convulsive coughs," but Schrötter thinks it doubtful whether they were due, as Türk supposed, to disturbances of innervation about the larynx. In these cases irresistible paroxysms of coughing occurred, which were of short duration, and of a peculiar barking character. The larynx, trachea and bronchi were perfectly healthy. Türk reports five cases—four of which presented precisely the symptoms of those observed by Schrötter. Massei has reported three cases, which he thought due to hyperæsthesia. His patients were aged respectively, twenty-four, fourteen, and eighteen years, and they presented very slight or no laryngeal disease which could be detected. He considers the affection often incurable. Geissler reports the case of a boy, twelve years old, who, after taking cold, had the characteristic cough, which was brought on whenever he attempted to pronounce words or syllables commencing with the letter H. Subsequently he suffered with general convulsions, with hallucinations and subsequent coma, attacks of which could be brought on by pressure or pinching of certain points. Prof. Wagner, in Leipzig, thought the affection in this case a form of hysteria. Dr. Spamer, in Giessen, has reported a case of the peculiar cough occurring in a child a year and a half old, after an attack of general chorea. Schrötter has had eleven cases. They were all young persons, generally from eight to fourteen years of age, in whom, without known exciting cause or any other disease, attacks of coughing frequently occurred. The attacks came on every five or ten minutes when the patient was awake, and disappeared during sleep. He proposes to call the affection laryngeal chorea—chorea, because the spasmodic contraction of certain muscles or groups of muscles occurs during the waking movements of the patient, and disappears during sleep; furthermore, the patient has no control over the attacks; laryngeal chorea, because the most prominent symptoms have their seat in the larynx. Other groups of muscles in no way connected with phonation and respiration are occasionally affected. That the affection is a form of chorea is rendered further probable by the mimicry, the relapses, of course, of the disease, and the occurrence of other nervous affections in the same individual, or in the members of the family.

Of the eleven cases seen by Schrötler, there were three boys and eight girls—one of the latter being twenty-one years old. All were of delicate constitution; two were anæmic. In some there was a very slight catarrh of the larynx or trachea present; in others this was absent. Schrötler thinks the affection a motor neurosis in the strictest sense of the term; but whether it has its origin in the central nervous system he considers a matter of speculation only. The prognosis is favorable—all of his cases having recovered in from three to six weeks. Relapses occurred, but they were always less severe than the original disease.

The treatment consisted in cold shower-baths two or three times a day, the administration of quinine in large doses, and the application of the constant current. Iron was given to the anæmic patients.—*Virginia Medical Monthly*.

ATHETOSIS.—W. Murrell, M. R. C. P., reports (*London Lancet*, Am. rep., July) the post-mortem appearances in the brain of a man aged 33, who had had athetosis of the left hand, following convulsions and paralysis at the age of three years. There had been little change in the symptoms for twenty years, there was no pain, loss of sensation, nor fatigue. The movements were confined to the left hand, except on rare occasions after great fatigue, when something similar was observed in the left leg. There was considerable wasting of the muscle of the left arm, especially on its posterior surface. The cause of death was phthisis, the immediate cause being diarrhoea and exhaustion. The following are the results of the autopsy, made thirty-six hours after death, in the presence of Drs. Sturges, Allchin, Gowers, and others:

“Rigor mortis marked; no post-mortem congestion; great emaciation and pallor of skin; calvaria rather under than over normal thickness; no local thickenings; dura mater not more than ordinarily adherent; halves of skull symmetrical; dura mater of normal appearance externally; no grittiness of sinuses or vessels; large veins over posterior part of pia mater distended by partially coagulated blood; blood in vessels contained considerable quantity of air-bubbles; Pacinian bodies numerous along posterior part of longitudinal fissure, none in front; no undue thickening of meninges; from three to four drachms of clear serum escaped on removing dura mater. Brain: The whole right hemisphere distinctly smaller than the left, about three-quarters of an inch shorter; the two parietal lobes, viewed from above, were nearly equal, but the frontal lobe on the right side was considerably narrower than on the left; the posterior half of the middle and inferior frontal convolutions, and to a slighter extent the superior frontal and ascending frontal, were distinctly smaller on the right side than on the left. There was a distinct difference also between the anterior portions of the frontal convolutions on the two sides, although this was slighter than in the posterior portions. The occipital convolutions on the two sides were nearly equal, but those of the parietal lobes were distinctly smaller on the right than on the left.

“There was a deep depression extending backwards into the lobe, about three-quarters of an inch deep, and bounded by somewhat atrophied con-

volution, on the surface of which some of the white substance of the brain appeared. No difference in size was to be observed between the two halves of the cerebellum; the orbital lobule, like the rest of the right hemisphere, was a little smaller than the left; the right anterior pyramid was very conspicuously smaller than the left. The arteries at the base appeared to be perfectly healthy. Further examination showed that the convolutions of the island of Reil were apparently normal, but there existed on the inner side a deep excavation between the anterior extremity of the perforated spot and the convolutions, extending backwards between the convolutions of the island of Reil and operculum as far as the anterior surface of the hemisphere. Close to the anterior surface of the hemisphere the fissure was three-quarters of an inch deep, and its total length appeared to have been two inches and a half. The sides seemed to have been in apposition, except outside the perforated spot, where the cavity was about a quarter of an inch wide; and its roof was formed by radiating fibres spreading upwards from the pons—probably those of the external capsule. On the inner edge of this fissure the outer roof of the olfactory nerve was seen crossing backwards to the temporo-sphenoidal fissure. Ventricles opened: On examination, almost the whole of the right corpus striatum appeared to be destroyed—at least that portion in front of the optic thalamus. The posterior portion of the nucleus caudatus outside the optic thalamus was unaffected. A small portion of the inner part of the corpus striatum near the middle also appeared intact, but the whole of the grey substance was destroyed, so that there was only a membranous septum separating the cavity of the ventricle from the deep fissure which has been described. This septum consisted of a double membrane, and in it were seen a number of strands of white fibres, apparently belonging to the internal capsule. The optic thalamus seemed to be quite healthy; no naked-eye change detected in the cord."

EARLY SYPHILITIC AFFECTIONS OF THE NERVOUS CENTRES.—Prof. Mauriac closes a long and able paper on this subject, with the following deductions from the facts and researches at his command:

1. Syphilis may attack the nervous centres at a very early period after the initial lesion.

2. The early cerebro-spinal lesions are those which develop during the virulent period of the malady—that is to say, during the first two or three years.

3. There are degrees in this precocity of the cerebro-spinal syphiloses: the first include those which set in within the first twelve months; the second, those which develop in the second or third year of the constitutional malady. Statistics seem to show that those of the first degree are more common than those of the second.

4. Among the early visceral localizations of syphilis, those in the cerebro-spinal system are incomparably the most numerous.

5. They are also the most dangerous. Their gravity does not increase with their diathetic age; those which develop during the first months of syphilis are as formidable as those which belong to the more advanced stages of the malady.

6. All the forms, all the degrees, all the phenomenal combinations that constitute the symptomatology and the processus of the localizations of syphilis in the neural system are met with in the early as well as in the late cerebro-spinal syphiloses.

7. Certain symptomatic complexes, however, seem to predominate. The most frequent are those which consist in an attack of hemiplegia, involving the whole of one side of the body.

8. Among the attacks of hemiplegia, the syndroma, comprising right hemiplegia and aphasia, is the most common.

9. The paralytic forms are much more common than the convulsive or epileptic in the early cerebral syphiloses.

10. In the cerebro-spinal syphiloses the psychical troubles and the inco-ordination of movements are never systematized as they are in mania, general paralysis and locomotor ataxia.

11. The absence of systematization in the cerebro-spinal syphiloses must be regarded as one of their chief characteristics. The only exception is in the case of the syndroma of right hemiplegia and aphasia.

12. Early localizations of syphilis in the spinal cord are much less common than in the encephalon.

13. The lesions which seem to belong to the early cerebro-spinal syphiloses are diffused or, more frequently, circumscribed hyperplastic effusions into the cortical layer of the brain and the pia mater, and changes in the sylvian arteries with consecutive ischæmic softening.

14. In some cases of early cerebro-spinal syphiloses that terminated fatally, no lesion was found, but at that time the existence of arterial syphilis had not been recognized. It may be presumed that death had resulted from sudden anæmia of the nervous centres that are essential to life.

15. With regard to the etiology of the early cerebro-spinal syphiloses, only very vague conjectures can be advanced. In most of the cases the initial lesion as well as the consecutive cutaneous and mucous manifestations were very mild in character.

16. The general cause of the constitutional malady is not modified by the appearance of early localizations in the nervous centres. The other manifestations develop before, during and after the localization in the neural system, without presenting any deviations from their usual forms, degrees, course or topography.

17. The precocity of the cerebro-spinal syphiloses furnishes no special indication with regard to treatment. Whatever may be the age of the constitutional malady, the localization in the nervous centres demand the same specific medication. The peculiar conditions of each case furnish the secondary indications relative to the choice, doses and combinations of the two specific agents.—*Annales de Dermatol. et de Syphilig.*, Vol. X., No. 3.

DELIRIUM TREMENS.—Dr. William J. Scott, of Cleveland, Ohio, asks, *Toledo Medical and Surgical Journal*, July, for observations on the frequency of delirium tremens and insanity among negroes. He had a case of sur-

gical injury some years since in an intoxicated negro, which was followed by tetanus; and during his care of this case, he learned from his patient and friends that they commonly believed themselves free from liability to acute alcoholism of this form. Since then he has directed his observation and inquiries to this point, and has not found any counter-evidence, either from authorities of workhouses, hospitals or from physicians of large experience.

As regards the question as to the occurrence of insanity among the blacks, the question can be very easily answered: it does occur, but with what relative frequency we cannot say; and if delirium tremens does not affect the colored race, it is, to say the least, an interesting fact.

CURABILITY OF INSANITY.—At the meeting of the College of Physicians of Philadelphia, May 7 (rep. in *Phil. Med. Times*, Aug. 2), Dr. Isaac Ray read a paper upon the subject of recoveries from mental disease. A wide difference of opinion has always existed respecting the curability of insanity, which, contrary to expectation, the information gained from the establishment of hospitals in recent times has failed to reconcile. Dr. Earle, in examining the matter of recoveries as exhibited in the statistics of hospitals for the insane, has found that thirty or forty years ago the proportion of recoveries was much larger than it has been of late years. Dr. Earle accounts for this by suggesting two sources of error committed by the reporters: One of these depends upon the idiosyncrasy of the individual temperament, constitutional organization, etc. Self-interest and ambition may have prompted more favorable returns in some cases than in others.

Again, Dr. Earle says that "the reported recoveries from insanity are increased to an important extent by repeated recoveries from the periodical or recurrent form of the disease in the same person; and consequently the recoveries of persons are much less numerous than the recoveries of cases or patients; it is generally impossible to ascertain the number of persons who recovered."

These views are not borne out by the facts, properly interpreted. The temperament of physicians, taken together, is just about the same now as it was fifty years ago. There is the same proportion of sanguine men who take too hopeful views of their patient's condition, and cautious men who tend to give unfavorable prognoses. Then, too, the practice of reporting cases of recovery instead of persons permanently cured, was no more common than now.

As, then, neither the temperament of the physician nor the repeated counting of periodical cases accounts for the larger proportion of recoveries in the earlier times; we must look for the explanation in another direction, and we shall find it in various agencies that have come into operation in later times.

These are the ingathering of a larger proportion of non-violent, chronic, less curable cases, dependent upon the wider popularity of hospitals for the insane; the actual increase of insanity in our midst, owing to the high pressure of modern life; and, as a result of this, the appearance of new forms of mental disease heretofore unknown.

These, then, are the points which are believed to have been fairly made, viz.:

I. Those qualities of temperament which lead men to unduly magnify their achievements are as common at one time as at another.

II. The practice of reporting cases instead of persons has not been confined to any particular period; and, therefore, while it may vitiate our estimate of the curability of insanity, it cannot make the proportion of recoveries larger or smaller at one period than at another.

III. Cases marked by high excitement entered our hospitals in a larger proportion to those of an opposite character fifty years ago than they do now.

IV. Under the influence of highly civilized life, the conservative powers of the constitution have somewhat depreciated, and to that extent impaired the curability of insanity.

V. During the last fifty years, cerebral affections in which insanity is only an incident, have been steadily increasing, and thus diminishing the proportion of recoveries.

THE CONJUGATE DEVIATION OF THE HEAD AND EYES.—Grasset (rep. from *Montpellier Médical*, abstr. in *Centralbl. f. Nervenheilk.*, Aug. 1).

Grasset has briefly, in a communication to the Academy of Montpellier (Session, May 5, 1879), on a basis of his own, and the revision of those previously published, reopened the question as to the direction of the deviation of the eyes and head in lesions of the brain. As is well known, Prevost, in 1868, had stated from experiments on animals by himself, and an analysis of fifty-eight cases, that the deviation was *towards the injured side of the brain*. Later, in 1875, Lepine corroborated this statement, while in the following year Landouzy, on the other hand, combated it, having found ten exceptions in thirty-three cases. Grasset, in his five observations, finds two in accordance with Prevost's statement, two others in opposition, while the fifth, in which the lesion was in the pons, could not be adduced in its support; and he therefore undertook to investigate the matter anew. The result, however, reached by him, is directly opposed to that obtained by Landouzy. The latter had remarked very correctly, that we should make a distinction between paralytic and irritative conditions, but then says that the head and eyes are turned toward the paralyzed side, if paralysis is present, but toward the side of the cerebral lesion, and consequently toward the unparalyzed side of the body, if convulsive phenomena affect the latter. Grasset states the direct opposite of this, and demonstrates the correctness of his views by the analysis of one hundred and seventeen cases. (A simple reflection will suffice to show that Grasset's view is the only one according with physiological experiment. In order to ascertain the position of the eyes it is only useful to recall the action of the abducens of the diseased side: with convulsive phenomena this must draw toward the side of the convulsed members, and the eyes would turn from the side of the cerebral lesion, while in paralysis, the reverse would take place. But, sometimes, paralysis and convulsions may occur simultaneously on the same side, and such cases have produced the confusion among authors.—*German Abstr.*)

Five of the one hundred and seventeen cases, Grasset does include as true cases, since in them there was no paralysis of the extremities; eight more are unsatisfactory, since neither head and eyes were drawn to the same side, or the paralysis of the extremities was crossed, or there were other anomalies. Of the remaining one hundred and four cases, ninety-nine were in full accordance with Grasset's law, and of the remaining five only one was an absolute exception.

Grasset next investigated the question of the exact anatomical seat of the lesion that produces rotation of the head and eyes. According to Ferrier, experimental irritation only of the tracts of the convolutions numbered in his scheme 12, 13, 13¹, and 14, will produce rotation of the head, that is, the region at the base of the second frontal convolution, the region above the Sylvian fissure, the two posterior thirds of the first temporal convolution, and the angular gyrus. But later Ferrier (and also Boyer in a recent thesis) has limited the centre for the combined movements of the head and eyes to the foot of the second frontal convolution, and considers the others as only centres of vision. But according to Grasset, the region whence this phenomenon is produced, is much more extensive, and corresponds more nearly to the regions first designated by Ferrier, extending, moreover, down to the pons and the medulla. Of the one hundred and seventeen cases analyzed by Grasset, in sixteen the regions 13, 13¹, and 14, of Ferrier, were involved, *without* implication of the second frontal; in six, the vicinity of these was affected; in ten, these and the frontal; in fourteen the lesion was in the white bundles of fibres passing down from these convolutions; in twenty-five, the internal capsule and the peduncles; in three, the under portion of the pons, the cerebellum, and the medulla; while forty-one cases were unavailable for purposes of localization (from diffusion of morbid process, insufficient record, no autopsy, etc.), and two were altogether exceptional (lesions of second and third frontal, obliteration of art. fossæ Sylvii, softening of anterior central convolution). Grasset therefore considers that the symptoms may be due sometimes to a cortical lesion of the region around the Sylvian fossa, and the gyrus angulatus.

When this paper was offered, M. Landouzy showed the author a paper, already read before the Anatomical Society and shortly to be published, in which he takes back his former conclusions, and, in effect, adopts the same views as Grasset.

CARDIAC NEURITIS.—Attention has recently been called by some continental physicians to a pathological condition of considerable clinical interest and importance, especially in connection with some forms of angina pectoris. Dr. Peter, the eminent physician of La Pitié, and well known as the editor of the last edition of Trousseau's *Lectures*, has been especially concerned in endeavoring to give prominence to the theory that, when symptoms of angina pectoris accompany disease of the coats of the aorta (aortitis) with dilatation of that vessel, the peculiar clinical phenomena observed are due to an inflammation of the nerves of the cardiac plexus; an inflammation which extends from the arterial tunics to the branches of the cardiac plexus in contact therewith. Several cases have been reported and analyzed in support of this view. In one case observed and reported by

Dr. Bozey, the cardiac plexus was carefully dissected at the necropsy, and the nerves composing it were found thickened and presenting moniliform swellings along their course. It has been noticed that in these cases, in contradistinction to others which are purely neuralgic, the pain is permanent instead of intermittent, or at any rate, there are certain points which remain always painful on compression with the finger, especially for example, the intercostal spaces along the left border of the sternum. In some of these cases, compression of the left vagus in the neck would at once induce pain in the region of the cardiac plexus, and the pain would radiate along the course of the branches of the pneumogastric; as, for instance, along the back of the sternum, in the stomach, which becomes distended with gas, and in the region of the pulmonary plexus. M. Buequoy has also noticed, at the termination of such attacks, severe pain in the hepatic region, which he refers to a participation in the disturbances of the terminal ramifications of the vagus on the right side.

M. Peter maintains that the aortic insufficiency which frequently co-exists in such cases, must be regarded simply as a "contingent fact," and as quite incapable of itself to excite the paroxysms of angina. He, however, is especially urgent in calling attention to the far more serious significance of aortic insufficiency when it arises from an affection of the arteries, when disease of the aorta extends to and implicates the sigmoid valves, than of aortic insufficiency of eudo-cardial origin; since the former condition commonly leads to a cardiac neuritis, with all the grave phenomena of angina pectoris. M. Huchard has also insisted on the fact that the gastro-hepatic disturbances which he has observed in several cases of cardiac disease is exclusively dependent on a phlegmasia of the cardiac plexus; such as severe pain after food, enormous distension of the stomach with gas, pyrosis, anorexia, and vomiting. Hence in cardiac neuritis we may encounter a great variety of symptoms, according to which of the numerous ramifications of the pneumogastric are especially involved; disturbance of cardiac rhythm and syncope, if the cardiac branches themselves be chiefly involved; or gastro-hepatic symptoms or pulmonary symptoms, if the branches going to the digestive or respiratory organs be mainly implicated.

The morbid anatomy of the nerves of the cardiac plexus has been specially examined by Putiatin, of St. Petersburg, who has found in some cases, after death from cardiac paralysis, in which no coarse changes in the cardiac structures could be discovered, a diseased condition of the cardiac ganglia limited to distension of their vessels, and an intermixture of granulation cells with the nerve-fibres and corpuscles.

In older cases, where organic disease of the heart also existed, more decided pathological changes were observed, consisting chiefly in increase of interstitial connective tissue, and atrophy and granulation of nerve cells.

This is a somewhat neglected branch of cardiac pathology, to which we would especially direct the attention of our many able and industrious morbid anatomists.—*British Medical Journal*, July 12, 1879.

INEBRIETY AS A DISEASE.—Dr. T. D. Crothers, *Med. and Surg. Rep.*, July 19, gives the history of three cases, which are selected on account of

their fullness and accuracy as to detail, of inebriety, in which the preceding symptoms and heredity of unstable nervous organization were carefully and thoroughly collected. It is, like other clinical articles of the same character by the author, strongly in favor of the pathological theory that inebriety is a disease.

In two of the cases reported there was a history of ancestral drunkenness, and the brother of one was insane; in the third both parents died early of consumption. All three were, as young men, eccentric, two of them were morbidly religious, and all were at one time especially particular as to their habits, mode of life, diet, etc. Two were active in the temperance reform just before they contracted their inebriate habits. All were neurasthenic. Dr. Crothers says: "These three cases bring out prominently the peculiar class of symptoms which I am confident both precede and follow many cases of inebriety. Neurasthenia, with both functional and organic nerve disturbances, is present in nearly all the cases. They all follow in the line of many of the complex physical symptoms which are so puzzling to the ordinary observer, and indicate, without doubt, the disorder of some brain centres or some general condition of debility.

"The presence of these early symptoms is not always followed by inebriety, but they indicate a condition that lies closely along the border-land of this disorder: a condition which, with a slight change of circumstances, develops inebriety at once: all the soil is ready, only needing the germ to spring into activity.

"These cases can be studied in nearly every community, and are seen often in the enthusiastic temperance men, who have a half consciousness of their danger, and hence are more active to help others, and by this means save themselves. These symptoms are of grave importance when developed among brain workers, because, all things considered, less power of resistance and capacity for recovery exists.

"Delusions and morbid convictions and introspections of the mind impress the brain more permanently in some cases than in others, and their presence in any case is a hint of much pathological importance.

"These clinical facts may be condensed into the following statement:

1. "Extreme solicitude for the care and protection of the body, as well as the food and fluids used, when it becomes a delusion, absorbing the thoughts and energies, is, as a rule, an early symptom of inebriety.
2. "Delusions of fear, faith, and extreme anxiety for the temperance reform, in persons not intemperate before, accompanied with changing emotions and unstable nerve conditions, are significant symptoms, very often ending in inebriety."

THE following are a few of the recent articles on the Pathology of the Nervous System and Mind, and Pathological Anatomy:

PUTZEL, Cerebral Complications of Chorea. *N. Y. Med. Rec.*, Sept. 6.—BEARD, Nervous Diseases connected with the Male Genital Function, *Ibid.*, Sept. 27.—ERLENMEYER, Suicide in Prussia, *Centralbl. f. Nervenheilk.*, Sept. 1.—BECHTEREW, The Alterations of Temperature in the Insane, *St. Petersburg. Med. Wochenschr.*, Aug. 23.—RINGER, Notes of a Post-Mortem Ex-

amination on a Case of Athetosis, *Practitioner*, Sept.—BEARD, Neurasthenia as a Cause of Inebriety, *Quarterly Jour. of Inebriety*, Sept.—BARTON, Dip-somania; its Medical and Legal Aspects, *Ibid.*—NORRIS, Optic Neuritis as a Symptom of Intra-cranial Disease, *Phil. Med. Times*, Aug. 30.—CALDWELL, Hydrophobia, *Southern Clinic*, Sept.—REGIS, Dynamic or Functional Exaltation at the Commencement of General Paresis, *Ann. Med. Psych.*, July.—FERRIER, Vomiting in Connection with Cerebral Disease, *Brain*, July.—HUGHLINGS-JACKSON, Affections of Speech from Disease of the Brain, *Ibid.*—STEWART, The Eye-Symptoms in Locomotor Ataxia, *Ibid.*—DOWSE, Remarks on Bulbar Paralysis, with Special Reference to Artificial Feeding, *Ibid.*—KRAEMER, Observations of Temperature in the Paralytic Insane, *Allg. Zeitschr. f. Psych.*, XXXVI., I. and II.—ROLLER, The Pathology of (Precordial) Pain, *Ibid.*—FRÖHLICH, On Psychoses among Soldiers, *Ibid.*—PFLEGER, Observations of Crumpling and Sclerosis of the Ammonius horn in Epilepsy, *Ibid.*

c.—THERAPEUTICS OF THE NERVOUS SYSTEM AND MIND.

OXALATE OF CERIUM IN PERTUSSIS.—Dr. Benj. Morje, Physician to the German Dispensary, N. Y., reports, *N. Y. Med. Record*, July 19, his success with oxalate of cerium in the spasmodic stage of whooping cough. He was induced to try it from the recommendation of Dr. Thos. Clark, in the *Practitioner*, of its value in chronic cough. He reports three of the ten cases in which he has used it successfully—seven males and three females, of ages ranging from one to seven years. The dose was from one-half a grain to three grains according to circumstances, once a day, before breakfast. The practice was to continue the medication a week after the last spasmodic coughing, so as to obviate any relapse.

He concludes from these ten cases, which, though a small number, are yet enough, he thinks, to justify some deductions, that:

1. It decreases the attacks, and thereby reduces the violence of the disease, often checking it instantly.
 2. It is easily administered, as only one dose is required in twenty-four hours.
 3. Nocturnal quietude is insured.
 4. The possibility of complications is lessened.
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SALICYLIC ACID AND SALICYLATE OF SODA IN SCIATICA AND NEURALGIA.—Dr. S. L. Abbot, *Boston Medical and Surgical Journal*, July 17, gives an account of three cases of sciatica, and three of acute facial neuralgia, in which salicylic acid and salicylate of soda were employed with success. He says, in conclusion: "These cases seem to show that we have in salicylic acid and its compounds as valuable a remedy in acute neuralgia as in acute rheumatism. Perhaps they indicate a closer affinity between these diseases than has been generally suspected. Two of the patients had had attacks of rheumatism. The cases, with the exception of the third case of sciatica,